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PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No. 02/044 SGL	
	First Inventor Moritz BAUER	
	Title	Fiber-reinforced ceramic brake linings
	Express Mail Label No. EV 310839835 US	

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Commissioner for Patents Mail Stop Patent Application P.O. Box 1450 Alexandria VA 22314-1450
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1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☐ Drawing(s) (35 U.S.C. 113) [Total Sheets]
5. Oath or Declaration [Total Sheets]
 - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 18 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS	
9. <input checked="" type="checkbox"/>	Assignment Papers (cover sheet & document(s))
10. <input type="checkbox"/>	37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney
11. <input type="checkbox"/>	English Translation Document (if applicable)
12. <input checked="" type="checkbox"/>	Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations
13. <input type="checkbox"/>	Preliminary Amendment
14. <input checked="" type="checkbox"/>	Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. <input checked="" type="checkbox"/>	Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. <input type="checkbox"/>	Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. <input checked="" type="checkbox"/>	Other: Limited Recognition Form

18 If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:


☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____
Prior application information: Examiner _____ Group Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label (insert Customer No. or Attach bar code label here) or ☒ Correspondence address below

Name		ProPat, L.L.C.			
Address		2912 Crosby Road			
City	Charlotte	State	North Carolina	Zip Code	28211-2815
Country	USA	Telephone	(704) 365-4881	Fax	(704) 365-4851

Name (Print/type)	Klaus Schweitzer	Registration No. (Attorney/Agent)	Limited Recognition
Signature		Date	July 22, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

16562 U.S. PTO
07/22/03

PTO/SB/17 (05-03)
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FEE TRANSMITTAL for FY 2002

Effective 01/01/2003. Patent fees are subject to annual revision.

☐ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 790.00)

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account

Deposit Account Number

50-2193

Deposit Account Name

ProPat, L.L.C.

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☒ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code		
1001	2001	Utility filing fee	750.
1002	2002	Design filing fee	
1003	2003	Plant filing fee	
1004	2004	Reissue filing fee	
1005	2005	Provisional filing fee	

SUBTOTAL (1) (\$ 750.00)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
16	-20**= 0	x	-0-
1	-3**=	x	-0-
Multiple Dependent			

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code		
1202	2202	Claims in excess of 20	
1201	2201	Independent claims in excess of 3	
1203	2203	Multiple dependent claim, if not paid	
1204	2204	**Reissue independent claims over original patent	
1205	2205	**Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$ -0-

** or number previously paid, if greater; For Reissues, see above

Complete if Known

Application Number

Filing Date

First Named Inventor

Moritz BAUER

Examiner Name

Group Art Unit

Attorney Docket No.

02/044 SGL

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code		
1051	2051	Surcharge - late filing fee or oath	
1051	2052	Surcharge - late provisional filing fee or cover sheet	
1053	1053	Non-English specification	
1812	1812	For filing a request for <i>ex parte</i> reexamination	
1804	1804	Requesting publication of SIR prior to Examiner action	
1805	1805	Requesting publication of SIR after Examiner action	
1251	1251	Extension for reply within first month	
1252	1252	Extension for reply within second month	
1253	1253	Extension for reply within third month	
1254	1254	Extension for reply within fourth month	
1255	1255	Extension for reply within fifth month	
1401	1401	Notice of Appeal	
1402	1402	Filing a brief in support of an appeal	
1403	1403	Request for oral hearing	
1451	1451	Petition to institute a public use proceeding	
1452	2452	Petition to revive - unavoidable	
1453	2453	Petition to revive - unintentional	
1501	2501	Utility issue fee (or reissue)	
1502	2502	Design issue fee	
1503	2503	Plant issue fee	
1460	1460	Petitions to the Commissioner	
1807	1807	Processing fee under 37 CFR 1.17(q)	
1806	1806	Submission of Information Disclosure Stmt	
8021	8021	Recording each patent assignment per property (times number of properties)	40.00
1809	2809	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	2810	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	2801	Request for Continued Examination (RCE)	
1802	1802	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 40.00

SUBMITTED BY

Name (Print/Type)	Registration No. (Attorney/Agent)	Limited Recognition	Telephone
Klaus Schweitzer			(704) 365-4881
Signature	Date	Complete (if applicable)	
<i>K. Schweitzer</i>	July 22, 2003		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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